

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*Wifee
(refund)*



In re Application of: STEVEN L. PARKER
Filed: JULY 12, 2001
For: SYNCHRONOUS COLLAPSED RING ARCHITECTURE FOR
REAL-TIME SIGNAL SWITCHING AND DISTRIBUTION
Serial No.: 09/904,289
Group Art Unit: 2633
Examiner: SEDIGHIAN, REZA
Atty. Dkt: L3BB:003

Pursuant to 37 C.F.R. 1.8, I certify that this correspondence is being deposited with the U.S. Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:

1/4/06
Date

Karl Fischer
Name

**REQUEST FOR EXTENSION OF TIME TO RESPOND TO
OFFICE ACTION DATED JUNE 30, 2005**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. §1.136(a), Applicants petition for an extension of time for three month(s) to and including December 30, 2005, in which to respond to the Office Action dated June 30, 2005. It is noted that a Petition for Revival of an Application for Patent Abandoned Unintentionally has been concurrently filed because the accompanying Response is being filed on January 4, 2006.

Pursuant to 37 C.F.R. §1.17, a check in the amount of \$1,020.00 is enclosed, which is the fee for a three month(s) extension of time.

If the check is inadvertently omitted, or should any additional fees under 37 C.F.R. §1.16 to 1.21 be required for any reason relating to the enclosed materials, or

01/10/2006 EAREGAY1 00000001 09904289

02 FC:1253

1020.00 OP

Adjustment date: 09/15/2006 CKHLOK

01/10/2006 EAREGAY1 00000001 09904289

02 FC:1253

-1020.00 OP

Repln. Ref: 09/15/2006 CKHLOK 0008260100

DAB:101205 Name/Number:09904289

FC: 9204

\$1020.00 CR

should an overpayment be included herein, the Commissioner is authorized to deduct or credit said fees from or to Deposit Account No. 10-1205/L3BB:003.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Brian W. Peterman", is written over a horizontal line.

Brian W. Peterman
Reg. No. 37,908
Attorney for Applicants

O'KEEFE, EGAN & PETERMAN, LLP
1101 Capital of Texas Highway So.
Building C, Suite 200
Austin, Texas 78746
512/347-1611
FAX: 512/347-1615

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------|-------------|---|---|----|---|---|---|---|
| 1 Date of Request: 09/14/06 | | 2 Serial/Patent # 09/904,289 | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | Wfee | 01/09/06 | \$ 1,020.00 | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 1,020.00 | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> </tr> </table> | | | 1 | 0 | -- | 1 | 2 | 0 | 5 |
| 1 | 0 | -- | 1 | 2 | 0 | 5 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| Extension of Time filed outside six (6) month statutory period. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: Andrea Smith | | TITLE: Petitions Examiner | | | | | | | | | |
| SIGNATURE: /Andrea Smith/ | | PHONE: 2-3226 | | | | | | | | | |
| OFFICE: Office of Petitions | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: | | DATE: 9/15/06 | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: